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(54) Title: PHOSPHORYL CHOLINE COATING COMPOSITIONS

(57) Abstract: ABSTRACT A polymer comprising phospholipid moieties and a biocompatible polymer backbone, a composition comprising the polymer and optionally a bioactive agent, an implantable devices such as a DES comprising thereon a coating comprising the polymer and optionally a bioactive agent, and a method of using the device for the treatment of a disorder in a human being are provided.

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PHOSPHORYL CHOLINE COATING COMPOSITIONS

BACKGROUND OF THE INVENTION

Field of the Invention

This invention generally relates to a composition comprising at least a phospholipid such as phosphoryl choline that is useful for coating an implantable device such as a drug eluting stent.

Description of the Background

Implanted stents have been used to carry medicinal agents, such as thrombolytic agents. U.S. Patent No. 5,163,952 to Froix discloses a thermal-memoried expanding plastic stent device formulated to carry a medicinal agent in the material of the stent itself. Pinchuk, in U.S. Patent No. 5,092,877, discloses a stent of a polymeric material which may have a coating associated with the delivery of drugs. Other patents which are directed to devices of the class utilizing bio-degradable or bio-absorbable polymers include Tang et al., U.S. Patent No. 4,916,193, and MacGregor, U.S. Patent No. 4,994,071.

A patent to Sahatjian, U.S. Patent No. 5,304,121, discloses a coating applied to a stent consisting of a hydrogel polymer and a preselected drug such as cell growth inhibitors or heparin. A further method of making a coated intravascular stent carrying a therapeutic material is described in Berg et al., U.S. Patent No. 5,464,650, issued on Nov. 7, 1995 and corresponding to European Patent Application No. 0 623 354 A1 published Nov. 9, 1994. In that disclosure, a polymer coating material is dissolved in a solvent and the therapeutic material dispersed in the solvent; the solvent evaporated after application.

An article by Michael N. Helmus entitled "Medical Device Design--A Systems Approach: Central Venous Catheters", 22nd International Society for the Advancement of Material and Process Engineering Technical Conference (1990) relates to polymer/drug/membrane systems for releasing heparin. Those polymer/drug/membrane systems require two distinct types of layers to function.

It has been recognized that contacting blood with the surface of a foreign body *in vivo* has a tendency to induce thrombogenic responses, and that, as the surface area of a foreign device in contact with host blood increases, the tendency for coagulation and clot forming at these surfaces also increases. This has led to the use of immobilized systemic anti-coagulant or thrombolytic agents such as heparin on blood-contacting surfaces such as blood oxygenator, hemodialysis membrane devices to reduce this phenomenon. Such an approach is described by Winters, et al.,

in U.S. Patent Nos. 5,182,317; 5,262,451 and 5,338,770 in which the amine functional groups of the active material are covalently bonded using polyethylene oxide (PEO) on a siloxane surface.

Another approach is described in U.S. Patent No. 4,613,665 to Larm in which heparin is chemically covalently bound to plastic surface materials containing primary amino groups to impart a non-thrombogenic surface to the material. Other approaches for bonding heparin are described in Barbucci, et al., "Coating of commercially available materials with a new heparinizable material", Journal of Biomedical Materials Research, Vol. 25, pp. 1259-1274 (1991); Hubbell, J. A., "Pharmacologic Modification of Materials", Cardiovascular Pathology, Vol. 2, No. 3 (Suppl.), 121S-127S (1993); Gravlee, G. P., "Heparin-Coated Cardiopulmonary Bypass Circuits", Journal of Cardiothoracic and Vascular Anesthesia, Vol. 8, No. 2, pp. 213-222 (1994). Blood vessel occlusions are commonly treated by mechanically enhancing blood flow in the affected vessels, such as by employing a stent. Stents are used not only for mechanical intervention but also as vehicles for providing biological therapy. To effect a controlled delivery of an active agent in stent based therapy, the stent can be coated with a biocompatible polymeric coating. The biocompatible polymeric coating can function either as a permeable layer or a carrier to allow a controlled delivery of the agent. A continuing challenge in the art of implantable stents is to provide a coating that possesses good biobeneficial properties, which refer to good biocompatibilities in both the acute and chronic timeframes.

Generally, a polymer forming a coating composition for an implantable device has to be at least biologically benign. Additionally, the polymer could have a therapeutic effect either additively or synergistically with the bioactive agent. The polymer is preferably biocompatible. To provide for a coating that is biologically benign, various compositions have been used with limited success. For example, coating compositions containing poly(ethylene glycol) have been described (see, for example, U.S. Patent No. 6,099,562). One of the needs in the art is to provide for a coating that has favorable long term biological properties.

Phosphoryl choline (PC) has a zwitterionic functionality that mimics the outer blood-contacting surface of the lipid bilayer structure in blood corpuscles. PC possesses numerous biobeneficial properties such as hemocompatibility, non-thrombogenicity, arterial tissue acceptance and long-term *in vivo* stability. PC has been used to increase biocompatibility of polymers, especially that of acrylic copolymers.

The polymer and methods of making the polymer disclosed herein address the above described problems.

SUMMARY OF THE INVENTION

Provided herein is a biocompatible polymer comprising choline or phospholipid moieties and a biodegradable or nondegradable polymeric backbone. The phospholipid moieties can be any synthetic and/or natural phospholipids. In one embodiment, the phospholipids include phosphoryl choline, phosphoryl serine, phosphoryl inositol, di-phosphoryl glycerol, zwitterionic phosphoryl ethanolamine, and combinations thereof.

In another embodiment, the nondegradable polymer can be a polymer that comprises any of the following monomers, e.g., methylmethacrylate (MMA), ethylmethacrylate (EMA), butylmethacrylate (BMA), 2-ethylhexylmethacrylate, laurylmethacrylate (LMA), hydroxyl ethyl methacrylate (HEMA), PEG acrylate (PEGA), PEG methacrylate, 2-methacryloyloxyethylphosphorylcholine (MPC) and *n*-vinyl pyrrolidone (VP), methacrylic acid (MA), acrylic acid (AA), hydroxypropyl methacrylate (HPMA), hydroxypropyl methacrylamide, 3-trimethylsilylpropyl methacrylate (TMSPMA), and combinations thereof. The non-degradable polymer can be, for example, any of ethylene vinyl alcohol copolymer (EVOH), polyurethanes, silicones, polyesters, polyolefins, polyisobutylene and ethylene-alphaolefin copolymers, acrylic polymers and copolymers, vinyl halide polymers and copolymers, polyvinyl chloride, polyvinyl ethers, polyvinyl methyl ether, polyvinylidene halides, polyvinylidene fluoride, polyvinylidene chloride, polyfluoroalkenes, polyperfluoroalkenes, polyacrylonitrile, polyvinyl ketones, polyvinyl aromatics, polystyrene, polyvinyl esters, polyvinyl acetate, copolymers of vinyl monomers with each other and olefins, ethylene-methyl methacrylate copolymers, acrylonitrile-styrene copolymers, ABS resins, and ethylene-vinyl acetate copolymers, polyamides such as Nylon 66 and polycaprolactam, alkyd resins, polyoxymethylenes; polyimides; polyethers, epoxy resins, rayon, rayon-triacetate, and combinations thereof. In another embodiment environmentally sensitive polymers such as temperature sensitive N-isopropyl acrylamide (NIPAAm), pH sensitive polymer dimethyl aminoethyl methacrylate (DMAEM) can be copolymerized with the above PC moieties.

In a further embodiment, the biocompatible polymer can be any biodegradable polymer that comprises any of the following monomers, e.g., glycolide, lactide, butyrolactone, caprolactone, hydroxyalkanoate, 3-hydroxybutyrate, 4-hydroxybutyrate, 3-hydroxyvalerate, 3-hydroxyhexanoate, and combinations thereof. The biodegradable polymers can be, for example, any of polyesters, polyhydroxyalkanoates (PHAs), poly(α-hydroxyacids), poly(β-hydroxyacid) such as poly(3-hydroxybutyrate) (PHB); poly(3-hydroxybutyrate-co-valerate) (PHBV), poly(3-hydroxyproprionate) (PHP), poly(3-hydroxyhexanoate) (PHH), or poly(4-hydroxyacids), poly(4-

hydroxybutyrate), poly(4-hydroxyvalerate), poly(4-hydroxyhexanoate), poly(hydroxyvalerate, poly(ester amides) that may optionally contain alkyl; amino acid; PEG and/or alcohol groups, polycaprolactone, polylactide, polyglycolide, poly(lactide-co-glycolide), polydioxanone (PDS), polyorthoester, polyanhydride, poly(glycolic acid-co-trimethylene carbonate), polyphosphoester polyphosphoester urethane, poly(amino acids), polycyanoacrylates, poly(trimethylene carbonate), poly(iminocarbonate), poly(tyrosine carbonates), polycarbonates, poly(tyrosine arylates), polyurethanes, copoly(ether-esters), polyalkylene oxalates, polyphosphazenes, PHA-PEG, and combinations thereof.

In still further embodiment of the present invention, the biocompatible polymer may further comprise a biobeneficial moiety such as a non-fouling moiety, an anti-thrombogenic moiety, or a combination thereof. Representative non-fouling moieties are PEG, polyalkene oxides, hydroxyethylmethacrylate (HEMA), poly(n-propylmethacrylamide), sulfonated polystyrene, hyaluronic acid, poly(vinyl alcohol), poly(N-vinyl-2-pyrrolidone), sulfonated dextran, and combinations thereof. Representative anti-thrombogenic moieties are heparin, salicylate (aspirin), hirudin, flavonoids, NO donor, thrombomodulin, Atrial natriuretic peptide (ANP), and combinations thereof. Various forms of heparin can be used. For example, heparin can be attached to the polymer via a PEG spacer.

The biocompatible polymer described herein can be used alone or in combination with one or more polymers and/or biobeneficial materials, and optionally a bioactive agent. Representative biobeneficial materials include non-fouling materials such as PEG and polyalkene oxides and anti-thrombogenic materials such as heparin. Representative bioactive agents include, but are not limited to, proteins, peptides, anti-inflammatory agents, antivirals, anticancer drugs, anticoagulant agents, free radical scavengers, steroidal anti-inflammatory agents, antibiotics, nitric oxide donors, super oxide dismutases, super oxide dismutases mimics, cytostatic agents, prodrugs, co-drugs, and a combination thereof, for example, ABT-578, dexamethasone, clobetasol, paclitaxel, estradiol, 4-amino-2,2,6,6-tetramethylpiperidine-1-oxyl (4-amino-TEMPO), 4-hydroxy-2,2,6,6-tetramethylpiperidine-1-oxyl(TEMPOL), tacrolimus, sirolimus, sirolimus derivatives, 40-*O*-(2-hydroxy)ethyl-rapamycin (EVEROLIMUS), 40-*O*-(3-hydroxy)propyl-rapamycin, 40-*O*-[2-(2-hydroxy)ethoxy]ethyl-rapamycin, and 40-*O*-tetrazole-rapamycin, prodrugs, co-drugs, and a combination thereof.

The polymeric compositions described herein can be used to form a coating on an implantable device such as a drug-eluting device (DES). The implantable device can be used for the treatment of a disorder in a human being by implanting in the human being an implantable

device as described herein. Such a disorder includes, e.g., atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque, chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

DETAILED DESCRIPTION

Coating Composition Comprising At Least A Phospholipid

Provided herein is a biocompatible polymer having a biodegradable or nondegradable polymeric backbone that comprises at least one phospholipid or choline moiety and a degradable or nondegradable polymer. The polymeric backbone can be degradable or nondegradable formed of any biocompatible polymer. Optionally, the polymeric backbone is capable of degrading into components that are pharmacologically active and therapeutic to the process of restenosis or sub-acute thrombosis such as PolyAspirin™. The phospholipid includes, for example, phosphoryl choline, phosphoryl serine, phosphoryl inositol, di-phosphoryl glycerol, zwitterionic phosphoryl ethanolamine, etc, and combinations thereof. The biocompatible polymer can be used to form a coating on an implantable device such as a drug-eluting stent. The coating may optionally include one or more bioactive agents and/or a non-fouling polymer, an anti-thrombogenic polymer, or a combination thereof.

Copolymers Comprising Phospholipid Moieties

In accordance with one aspect of the present invention, it is disclosed herein a copolymer comprising a biocompatible polymer moiety and a phospholipid. The biocompatible polymer can be a biodegradable polymer or a non-degradable polymer. The phospholipids can be any synthetic or natural phospholipids.

Biocompatible Polymers

In one embodiment, the biocompatible polymer useful for making the copolymer comprising a phospholipid moiety is a biodegradable polymer, which can be any biodegradable polymer known in the art. Representative biodegradable polymers include, but are not limited to, polyesters, polyhydroxyalkanoates (PHAs), poly(ester amides) that may optionally contain alkyl; amino acid; PEG and/or alcohol groups, polycaprolactone, poly(L-lactide), poly(D,L-lactide), poly(D,L-lactide-co-PEG) block copolymers, poly(D,L-lactide-co-trimethylene carbonate), polyglycolide, poly(lactide-co-glycolide), polydioxanone (PDS), polyorthoester, polyanhydride, poly(glycolic acid-co-trimethylene carbonate), polyphosphoester, polyphosphoester urethane, poly(amino acids), polycyanoacrylates, poly(trimethylene carbonate), poly(iminocarbonate), polycarbonates, polyurethanes, copoly(ether-esters) (e.g. PEO/PLA), polyalkylene oxalates,

polyphosphazenes, PHA-PEG, and combinations thereof. The PHA may include poly(α-hydroxyacids), poly(β-hydroxyacid) such as poly(3-hydroxybutyrate) (PHB); poly(3-hydroxybutyrate-co-valerate) (PHBV); poly(3-hydroxyproprionate) (PHP); poly(3-hydroxyhexanoate) (PHH), or poly(4-hydroxyacid) such as poly poly(4-hydroxybutyrate); poly(4-hydroxyvalerate); poly(4-hydroxyhexanoate), poly(hydroxyvalerate), poly(tyrosine carbonates), poly(tyrosine arylates).

In another embodiment, the biocompatible polymer useful as moiety of the copolymer comprising phospholipid moieties is a non-degradable polymer. Representative biocompatible, non-degradable polymers include, but are not limited to, ethylene vinyl alcohol copolymer (commonly known by the generic name EVOH or by the trade name EVAL), polyurethanes, silicones, polyesters, polyolefins, polyisobutylene and ethylene-alphaolefin copolymers, styrene-isobutyl-styrene triblock copolymers, acrylic polymers and copolymers, vinyl halide polymers and copolymers such as polyvinyl chloride, poly(vinyldifluoride-co-hexafluoropropane), poly(chlorotrifluoroethylene-co-hexafluoropropane), polyvinyl ethers such as polyvinyl methyl ether, polyvinylidene halides such as polyvinylidene fluoride and polyvinylidene chloride, polyfluoroalkenes, polyperfluoroalkenes, polyacrylonitrile, polyvinyl ketones, polyvinyl aromatics such as polystyrene, polyvinyl esters such as polyvinyl acetate, copolymers of vinyl monomers with each other and olefins, such as ethylene-methyl methacrylate copolymers, acrylonitrile-styrene copolymers, ABS resins, and ethylene-vinyl acetate copolymers, polyamides such as Nylon 66 and polycaprolactam, alkyd resins, polyoxymethylenes; polyimides; polyethers, epoxy resins, rayon, rayon-triacetate, polyurethanes, silk, silk-elasitn, polyphosphazenes and combinations thereof.

In a further embodiment, the copolymer described herein comprises one or more of the following hydrophobic monomers: methylmethacrylate (MMA), ethylmethacrylate (EMA), butylmethacrylate (BMA), 2-ethylhexylmethacrylate, laurylmethacrylate (LMA), or combinations thereof. By varying the copolymer's content of the hydrophobic monomers, mechanical properties such as elongation at break and toughness can be modulated. For example, a monomer having a relatively long side chain would enhance the flexibility of a coating comprising the copolymer. In contrast, a monomer having a relatively short side chain would enhance the rigidity and toughness of a coating comprising the copolymer.

In a further embodiment, the copolymer described herein comprises one or more of the following hydrophilic monomers: non-fouling monomers such as hydroxyl ethyl methacrylate (HEMA), PEG acrylate (PEGA), PEG methacrylate, 2-methacryloyloxyethylphosphorylcholine

(MPC) and *n*-vinyl pyrrolidone (VP), carboxylic acid bearing monomers such as methacrylic acid (MA), acrylic acid (AA), hydroxyl bearing monomers such as HEMA, hydroxypropyl methacrylate (HPMA), hydroxypropylmethacrylamide, 3-trimethylsilylpropyl methacrylate (TMSPMA), and combinations thereof. The carboxylic acid bearing monomers or hydroxyl bearing monomers can be used to crosslink the copolymer once it is applied to the substrate to coat. This will hinder a very hydrophilic coating from dissolving away.

Phospholipids

In one embodiment, the phospholipids useful for making a copolymer with a biocompatible polymer can be neutral, positively charged or negatively charged synthetic phospholipids. Representative useful synthetic phospholipids include, but are not limited to, semi-synthetic phosphoryl choline such as cardiolipin or sphingosine.

In another embodiment, the phospholipids useful for making a copolymer with a biocompatible polymer can be neutral, positively charged or negatively charged natural phospholipids. Representative useful natural phospolipids include, but are not limited to, phosphoryl choline, phosphoryl serine, phosphoryl inositol, di-phosphoryl glycerol, or zwitterionic phosphoryl ethanolamine, and combinations thereof.

In a further embodiment, the phospholipid useful for making a copolymer with a biocompatible polymer can be phosphoryl choline. Phosphoryl choline (PC) is a zwitterionic functionality that mimics the outer surface of a lipid bilayer. It has good hemocompatibility, non-thrombogenicity, arterial tissue acceptance and long-term *in-vivo* stability. It has been used to increase the biocompatibility of polymers, especially of acrylic copolymers.

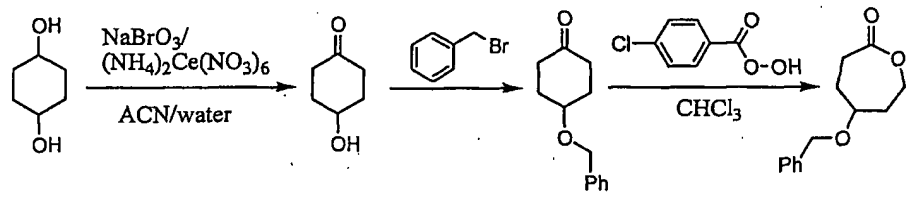
Methods of making copolymers comprising phospholipids

The copolymer described herein can be synthesized by introducing the phospholipids moiety into a polymer. The phospholipid moieties can be introduced into the polymer via a reactive functionality, which can be, for example, hydroxyl groups, amino groups, halo groups, carboxyl groups, thiol groups, aldehyde, N-hydroxysuccinimide (NHS). Alternatively, a phospholipid moiety can be introduced into a monomer such as an oxirane. Polymerization of the monomer can generate a polymer bearing phospholipids moieties.

In one embodiment, a monomer bearing a protected hydroxyl functionality can be copolymerized with an oxirane, for example lactide or caprolactone, etc., or incorporated into a polymer such as a polyester amide backbone. The hydroxyl functionality then can be deprotected and subsequently converted to a phospholipid functionality, for example, a PC functionality. The

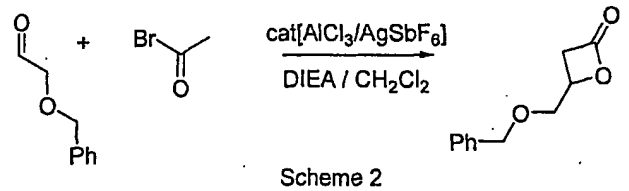
protective group can be the any of the ones that are easily removable and thus would not interfere with the polymerization.

The synthesis of polymerizable monomers bearing protected hydroxyl groups is illustrated in Schemes 1 and 2. Scheme 1 illustrates an exemplary method of introducing a PC functionality into a polymerizable monomer via the synthesis of a benzyl ester protected hydroxyl functional caprolactone. Cyclohexane-1,4-diol can be oxidized by an oxidizing agent, for example a mixture of $NaBrO_3$ and $(NH_4)_2Ce(NO_3)_6$, to form 4-hydroxyl-cyclohexanone. The hydroxyl group can be protected using a protective agent such as benzyl bromide to protect the hydroxyl group, forming, for example, 4-benzoxycyclohexanone, which can react with a peroxyacid such as 4-chlorobenzoic peroxyacid to form a caprolactone bearing a benzyl group protected hydroxyl functionality. Other useful protective groups include, for example, *tert*-butyldimethylsilyl (TBDMS), N-*tert*-butoxycarbonate (*t*-BOC), and N(9-fluorenylmethoxycarbonyl) (FMOC).



Scheme 1

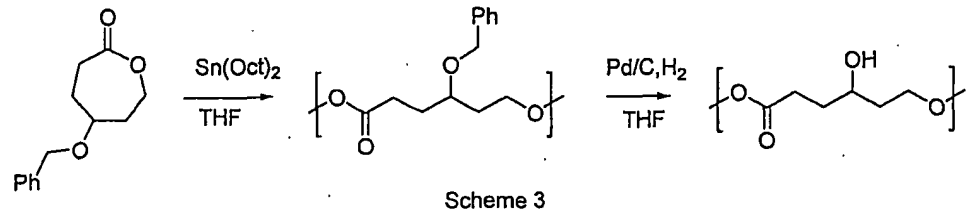
Scheme 2 illustrates another embodiment of the method described herein. A protected hydroxyl aldehyde such as benzoxyacetaldehyde can undergo cyclization with a halo acyl compound such as acetyl bromide in the presence of a catalyst such as $AlCl_3/AgSbF_6$ (in the presence of a base such as (DIEA) diisopropylethylamine to form a butyrolactone such as β-benzoxymethylbutyrolactone.



Scheme 2

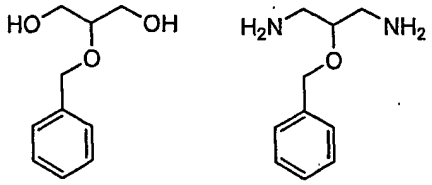
Monomers bearing a protected reactive functionality can undergo polymerization alone or copolymerization with other comonomers to form polymers or copolymers bearing protected functionalities. For example, the substituted ε-caprolactone and β-butyrolactone can be copolymerized with glycolide, lactide, or an oxirane such as butyrolactone, valerolactone, or caprolactone to form a polymer or copolymer with different compositions. In one embodiment, a benzyl protected caprolactone can polymerize in the presence of a catalyst such as dioctylstannane

($Sn(Oct)_2$) to yield a polycaprolactone with benzyl protected hydroxyl groups. The benzyl groups can be cleaved off under acidic conditions to generate free hydroxyl groups (Scheme 3).



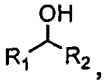
Scheme 3

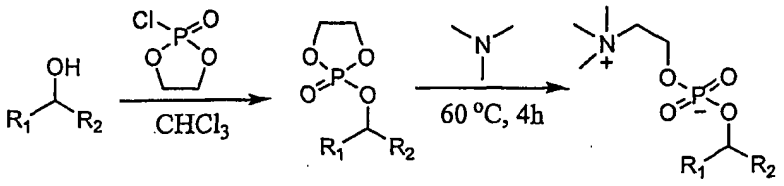
In another embodiment, any suitable compound having three hydroxyl groups can be protected with a protective group such as a benzyl group. The remaining two free hydroxyl groups can react with an amino acid and be subsequently incorporated into a poly(ester amide) backbone (Scheme 4). Alternatively, a molecule with two amine groups and one hydroxyl group can be used to incorporate a protected hydroxyl group into the poly(ester amide) backbone (Scheme 4). The protective group can then be removed as described above to generate free hydroxyl groups.



Scheme 4

The phospholipid moieties can be readily introduced into the polymer via the reactive functional groups by simple coupling of the phospholipids moieties with the functional group, with or without a linkage. Representative linkages can be hydroxyl, amino, carboxyl, thiol, or other groups with or without a spacer such as poly(ethylene glycol), etc. Alternatively the phospholipid moieties can be synthesized *in situ* via standard organic reactions (see embodiment below).

In one embodiment, the PC functionalities can be introduced into a polymer bearing hydroxyl groups according to Scheme 5. The polymer, which has a repeating unit designated as  , is allowed to react with an agent such as ethylene chlorophosphate to form a ethylene phosphate derivative of the polymer. The ethylene phosphate functionality can react with an amine such as trimethylamine at a temperature such as about 60 °C to generate the PC functionality (Scheme 5).



Scheme 5

Monomers bearing a phospholipid moiety can polymerize alone or with other comonomers, with or without phospholipid moieties, by means known in the art e.g., catalytic polymerization, chemical reaction, or free radical polymerization, to form respective polymers bearing phospholipid moieties. For example, MPC, an olefinic monomer bearing a phosphoryl choline functionality, can readily polymerize, alone or with one or more other comonomers, by free radical polymerization to form a polymer bearing phosphoryl choline moieties.

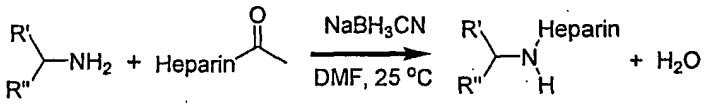
Biobeneficial Polymers

In another aspect of the present invention, the composition described herein may include one or more biobeneficial polymers including non-fouling polymers and anti-thrombogenic agents. Various non-fouling polymers are known in the art. Exemplary non-fouling polymers include PEG, polyalkene oxides, hydroxyethylmethacrylate (HEMA), poly(n-propylmethacrylamide), sulfonated polystyrene, hyaluronic acid, poly(vinyl alcohol), poly(N-vinyl-2-pyrrolidone), sulfonated dextran, and combinations thereof. Representative anti-thrombogenic moieties are heparin, salicylate (aspirin), hirudin, flavonoids, NO donor, thrombomodulin, Atrial natriuretic peptide (ANP), and combinations thereof. The non-fouling polymer can be used together with the polymers comprising phospholipid moieties as a blend or can be incorporated into the backbone of the polymers comprising phospholipid moieties.

In one embodiment, the non-fouling polymer is PEG. PEG is commonly used as a non-fouling surface material in biomedical applications. PEG is water-soluble and must be covalently attached to a hydrophobic backbone or to a crosslinked polymer to yield long-term benefits. PEG can readily be incorporated into the backbone of any of the copolymers by, for example, coupling the hydroxyl, amino, or carboxylic acid terminated PEG with the pendant functional groups such as carboxylic acids or hydroxyls in the backbone of the copolymer by a linking agent such as carbodiimide chemistry (1,3-dicyclohexylcarbodiimide (DCC), 1-(3-dimethylaminopropyl)-3-ethylcarbodiimide (EDC) and other Mitsunobu reagents). The PEG useful for coupling with the hydrophobic backbone of the phospholipid containing polymer has a molecular weight in the range between about 300 daltons and about 40,000 daltons.

In another embodiment, the biobeneficial polymer is heparin. Heparin is commonly used as an anti-thrombogenic agent. Heparin can be coupled via a spacer such as PEG to a polymer backbone containing functional groups such as carboxylic acids. In one embodiment, the coupling can be carried out using an aldehyde terminated heparin, which can be coupled to a PEG diamine where one amine is protected with a protective group such as *t*-BOC. Upon removal of the protective group, the second amine can be coupled to a carboxylic group on the polymer backbone using a linking agent such as 1,3-dicyclohexylcarbodiimide (DCC), 1-(3-dimethylaminopropyl)-3-ethylcarbodiimide (EDC) and other Mitsunobu reagents. In another embodiment, 2-(dimethylamino)ethyl methacrylate (DMAEMA) can also be incorporated into the backbone and used to ionically coordinate or conjugate with heparin.

In a further embodiment, PEG and heparin are both incorporated into the polymer comprising the phospholipid moieties. In one embodiment, a polymer having a methacrylate backbone can be made to contain 2-methacryloyloxyethylphosphorylcholine and 2-aminoethyl methacrylamide. Aldehyde terminated heparin, which is commercially available, can be coupled to the terminal amino group via reductive amination using sodium cyanoborohydride (Scheme 6).



Scheme 6

This heparin coupling can be done either before, or after, a topcoat, comprising a polymer having a methacrylate backbone that contains 2-methacryloyloxyethylphosphorylcholine and 2-aminoethyl methacrylamide, is placed onto an implantable device such as a DES. A topcoat comprising both the PEG and heparin and a phospholipid (for example, PC) containing polymer is non-fouling and anti-thrombogenic. If desirable, other non-fouling and/or anti-thrombogenic moieties can be incorporated into the topcoat.

Bioactive Agents

The bioactive agent can be any agent which is biologically active, for example, a therapeutic, prophylactic, or diagnostic agent. Examples of suitable therapeutic and prophylactic agents include synthetic inorganic and organic compounds, proteins and peptides, polysaccharides and other sugars, lipids, and DNA and RNA nucleic acid sequences having therapeutic, prophylactic or diagnostic activities. Nucleic acid sequences include genes, antisense molecules which bind to complementary DNA to inhibit transcription, and ribozymes. Compounds with a wide range of molecular weight can be encapsulated, for example, between 100 and 500,000 or more grams per mole. Examples of suitable materials include proteins such as antibodies, receptor

ligands, and enzymes, peptides such as adhesion peptides, saccharides and polysaccharides, synthetic organic or inorganic drugs, and nucleic acids. Examples of materials which can be encapsulated include enzymes, blood clotting factors, inhibitors or clot dissolving agents such as streptokinase and tissue plasminogen activator; antigens for immunization; hormones and growth factors; polysaccharides such as heparin; oligonucleotides such as antisense oligonucleotides and ribozymes and retroviral vectors for use in gene therapy. Representative diagnostic agents are agents detectable by x-ray, fluorescence, magnetic resonance imaging, radioactivity, ultrasound, computer tomagraphy (CT) and positron emission tomagraphy (PET). Ultrasound diagnostic agents are typically a gas such as air, oxygen or perfluorocarbons.

In the case of controlled release of agents, a wide range of different bioactive agents can be incorporated into a controlled release device. These include hydrophobic, hydrophilic, and high molecular weight macromolecules such as proteins. The bioactive compound can be incorporated into polymeric coating in a percent loading of between 0.01% and 70% by weight, more preferably between 5% and 50% by weight.

In one embodiment, the bioactive agent can be for inhibiting the activity of vascular smooth muscle cells. More specifically, the bioactive agent can be aimed at inhibiting abnormal or inappropriate migration and/or proliferation of smooth muscle cells for the inhibition of restenosis. The bioactive agent can also include any substance capable of exerting a therapeutic or prophylactic effect in the practice of the present invention. For example, the bioactive agent can be for enhancing wound healing in a vascular site or improving the structural and elastic properties of the vascular site. Examples of active agents include antiproliferative substances such as actinomycin D, or derivatives and analogs thereof (manufactured by Sigma-Aldrich 1001 West Saint Paul Avenue, Milwaukee, WI 53233; or COSMEGEN available from Merck). Synonyms of actinomycin D include dactinomycin, actinomycin IV, actinomycin I_1, actinomycin X_1, and actinomycin C_1. The bioactive agent can also fall under the genus of antineoplastic, anti-inflammatory, antiplatelet, anticoagulant, antifibrin, antithrombin, antimitotic, antibiotic, antiallergic and antioxidant substances. Examples of such antineoplastics and/or antimitotics include paclitaxel (e.g. TAXOL® by Bristol-Myers Squibb Co., Stamford, Conn.), docetaxel (e.g. Taxotere®, from Aventis S.A., Frankfurt, Germany) methotrexate, azathioprine, vincristine, vinblastine, fluorouracil, doxorubicin hydrochloride (e.g. Adriamycin® from Pharmacia & Upjohn, Peapack N.J.), and mitomycin (e.g. Mutamycin® from Bristol-Myers Squibb Co., Stamford, Conn.). Examples of such antiplatelets, anticoagulants, antifibrin, and antithrombins include sodium heparin, low molecular weight heparins, heparinoids, hirudin, argatroban, forskolin,

vapiprost, prostacyclin and prostacyclin analogues, dextran, D-phe-pro-arg-chloromethylketone (synthetic antithrombin), dipyridamole, glycoprotein IIb/IIIa platelet membrane receptor antagonist antibody, recombinant hirudin, and thrombin inhibitors such as Angiomax ä (Biogen, Inc., Cambridge, Mass.). Examples of such cytostatic or antiproliferative agents include angiopeptin, angiotensin converting enzyme inhibitors such as captopril (e.g. Capoten® and Capozide® from Bristol-Myers Squibb Co., Stamford, Conn.), cilazapril or lisinopril (e.g. Prinivil® and Prinzide® from Merck & Co., Inc., Whitehouse Station, NJ); calcium channel blockers (such as nifedipine), colchicine, fibroblast growth factor (FGF) antagonists, fish oil (omega 3-fatty acid), histamine antagonists, lovastatin (an inhibitor of HMG-CoA reductase, a cholesterol lowering drug, brand name Mevacor® from Merck & Co., Inc., Whitehouse Station, NJ), monoclonal antibodies (such as those specific for Platelet-Derived Growth Factor (PDGF) receptors), nitroprusside, phosphodiesterase inhibitors, prostaglandin inhibitors, suramin, serotonin blockers, steroids, thioprotease inhibitors, triazolopyrimidine (a PDGF antagonist), and nitric oxide. An example of an antiallergic agent is permirolast potassium. Other therapeutic substances or agents which may be appropriate include alpha-interferon, genetically engineered epithelial cells, ABT-578, dexamethasone, clobetasol, paclitaxel, estradiol, 4-amino-2,2,6,6-tetramethylpiperidine-1-oxyl (4-amino-TEMPO), 4-hydroxy-2,2,6,6-tetramethylpiperidine-1-oxyl(TEMPOL), tacrolimus, sirolimus, sirolimus derivatives, 40-*O*-(2-hydroxy)ethyl-rapamycin (EVEROLIMUS), 40-*O*-(3-hydroxy)propyl-rapamycin, 40-*O*-[2-(2-hydroxy)ethoxy]ethyl-rapamycin, and 40-*O*-tetrazole-rapamycin, prodrugs, co-drugs, and a combination thereof. The foregoing substances are listed by way of example and are not meant to be limiting. Other active agents which are currently available or that may be developed in the future are equally applicable.

Useful bioactive agents also include prodrugs and co-drugs of the agents described herein.

The dosage or concentration of the bioactive agent required to produce a favorable therapeutic effect should be less than the level at which the bioactive agent produces toxic effects and greater than the level at which non-therapeutic results are obtained. The dosage or concentration of the bioactive agent required to inhibit the desired cellular activity of the vascular region can depend upon factors such as the particular circumstances of the patient; the nature of the trauma; the nature of the therapy desired; the time over which the administered ingredient resides at the vascular site; and if other active agents are employed, the nature and type of the substance or combination of substances. Therapeutic effective dosages can be determined empirically, for example by infusing vessels from suitable animal model systems and using immunohistochemical, fluorescent or electron microscopy methods to detect the agent and its

effects, or by conducting suitable in vitro studies. Standard pharmacological test procedures to determine dosages are understood by one of ordinary skill in the art.

Coating Constructs

The copolymers described herein can be used to form coating compositions for coating on an implantable device, for example, a drug-eluting stent (DES). The copolymer comprising at least one phospholipid moiety can be used alone or in combination with another polymer. For use as DES coatings, the composition can include a bioactive agent.

The coatings described herein can have various configurations. In one embodiment, the coating can be formed with the copolymer described herein alone or in combination with other polymers. Useful other polymers include the degradable and non-degradable biocompatible polymers described above. The copolymers described herein can be used to form a topcoat on DES on top of a drug reservoir coating that does not contain the copolymers comprising the PC moieties. For example, a DES can be made to have a coating that has a primer layer comprising a polymer such as poly(n-butyl methacrylate) (PBMA), a drug reservoir layer comprising a biocompatible, biodegradable or non-degradable polymer as described above with no phospholipid moieties such as ethylene vinyl alcohol (EVAL) or polyvinylidene fluoride (PVDF), and finally a topcoat with a copolymer described herein that comprises phospholipid moieties such as PC methacrylate. The topcoat may further comprise a polymer with no phospholipid moieties such as PBMA.

In another embodiment, the coating may comprise a copolymer comprising phospholipids moieties in all the layers of the coating. For example, a DES coating can be formed to have a primer layer that comprises about 1-5 wt% PBMA-PC, a layer of reservoir that comprises PBMA and about 1-20 wt% PBMA-PC, and a topcoat that comprises PBMA and 25-50 wt% PBMA-PC.

In another embodiment, the coating can be made to comprise layers having a copolymer that comprises phospholipid moieties in a concentration gradient in the various layers with a concentration of the copolymer that is higher in the topcoat, decreasing to the lowest concentration in the primer layer. For example, the copolymer can be PBMA-PC.

In a further embodiment, the coating construct can be made to release two or more drugs. In one embodiment, if desirable, the second drug can be blended into the matrix with the first drug such as ABT-578 or EVEROLIMUS such that the second drug can be released in the same time frame with the first drug. In another embodiment, if the second drug is hydrophilic and it is desirable to have a quick release of the second drug, it can be blended with the topcoat comprising phospholipid moieties such as PC moieties. Such hydrophilic drugs include peptides such as

cyclic RGD, aspirin, nitric oxide donors, and stable nitroxides, etc. The second drug can also be swell-loaded into the applied topcoat. Additional drugs can be loaded onto the coat in the drug reservoir or topcoat.

Methods of Using the Coating Composition

The coating composition can be coated onto any implantable device by any established coating process, e.g., a spray process. Generally, the coating process involves dissolving or suspending the composition in a solvent to form a solution or a suspension of the coating composition, and then applying the solution or suspension to an implantable device such as a DES.

As used herein, an implantable device may be any suitable medical substrate that can be implanted in a human or veterinary patient. A preferred implantable device is DES. Examples of stents include self-expandable stents, balloon-expandable stents, and stent-grafts. Other exemplary implantable devices include grafts (e.g., aortic grafts), artificial heart valves, cerebrospinal fluid shunts, pacemaker electrodes, and endocardial leads (e.g., FINELINE and ENDOTAK, available from Guidant Corporation, Santa Clara, CA). The underlying structure of the device can be of virtually any design. The device can be made of a metallic material or an alloy such as, but not limited to, cobalt chromium alloy (ELGILOY), stainless steel (316L), high nitrogen stainless steel, e.g., BIODUR 108, cobalt chrome alloy L-605, "MP35N," "MP20N," ELASTINITE (Nitinol), tantalum, nickel-titanium alloy, platinum-iridium alloy, gold, magnesium, or combinations thereof. "MP35N" and "MP20N" are trade names for alloys of cobalt, nickel, chromium and molybdenum available from Standard Press Steel Co., Jenkintown, PA. "MP35N" consists of 35% cobalt, 35% nickel, 20% chromium, and 10% molybdenum. "MP20N" consists of 50% cobalt, 20% nickel, 20% chromium, and 10% molybdenum. Devices made from bioabsorbable or biostable polymers could also be used with the embodiments of the present invention.

EXAMPLES

The embodiments of the present invention will be illustrated by the following set forth examples. All parameters and data are not to be construed to unduly limit the scope of the embodiments of the invention.

Example 1. P(MPC-PEGA-BMA) copolymer

The components, 2-methacryloyloxyethyl phosphorylcholine (MPC) butylmethacrylate (BMA), poly(ethylene glycol) acrylate (PEGA) (Mn=350 Da) and AIBN (α,α'-azobutyronitrile)

were dissolved in ethanol at a molar ratio of (15:10:74:1). The reactants were maintained at 62 °C for 24h. The polymer was purified, by a double precipitation in methanol, to yield a white powder.

A first composition was prepared by mixing the following components:

(a) about 2 mass % poly(butyl methacrylate) (PBMA);

(b) dissolved in a mixture of acetone and cyclohexanone (30% and 70% respectively).

The first composition was applied onto the surface of a bare 12 mm VISION stent (available from Guidant Corporation) by spraying and dried to form a stent coating . A spray coater was used, having a 0.014 fan nozzle maintained at ambient temperature with a feed pressure of about 0.2 atm (about 3 psi) and an atomization pressure of about 1.3 atm (about 20 psi). About 20 μg of the wet coating was applied per pass. Between the passes, the coating was dried at about 50°C for about 10 seconds. Following the last pass, the coating was baked at about 50°C for about 1 hour, yielding a dry primer layer. The dry primer layer contained about 80 μg of PBMA.

A second composition was prepared by mixing the following components:

(a) about 2 mass % SOLEF; and

(b) about 0.7 mass % EVEROLIMUS; and

(c) the balance, a mixture of acetone and cyclohexanone (30% and 70% respectively.

The second composition was applied onto the dry primer layer using the same coating technique and conditions as for making the primer layer, yielding a dry reservoir layer. The dry reservoir layer contained about 430 μg of Solef and 150 μg of EVEROLIMUS. The total weight of the coating was about 580 μg.

A third composition was prepared by mixing the following components:

(a) about 2 mass % p(MPC-PEGA-BMA); and

(b) the balance, a mixture of acetone and dimethylformamide (50% and 50% respectively.

The third composition was applied onto the dry reservoir layer using the same coating technique and conditions as for making the primer layer, yielding a dry topcoat layer. The dry topcoat layer contained about 100μg of p(MPC-PEGA-BMA).

16 stents were coated as described above. 8 stents were sterilized using electron beam sterilization at a dose of 25 KGy as known to those having ordinary skill in the art, and the other 8 stents were not sterilized.

Example 2. Hydroxyl functional caprolactone

A 100 g 1,4-hexanediol was dissolved in 1.4 L of a mixture of acetonitrile and water (7:3 by volume). A mixture of 45.4 g of sodium bromate and 16.5 g of ammonium cerium (IV) nitrate was slowly added. The reaction was maintained under reflux conditions for 90 min. Once acetonitrile was removed by rotary evaporation, the solution was diluted with 800 mL of water and continuously extracted with chloroform for 72 h. The organic solution was dried over magnesium sulfate. Finally chloroform was evaporated from the organic solution to yield 99.5 g of a colorless oil (4-hydroxycyclohexanone).

130 g of benzyl chloride were slowly added to a solution of 60 g of 4-hydroxycyclohexanone in 400 mL of triethylamine. The solution was left to react at 25 °C for 2 h. After removal of the solvent, the product was purified by column chromatography to yield 100 g of a white powder 4-benzylestercyclohexanone.

To a solution of 20 g 3-chloroperoxybenzoic acid in 200 mL of chloroformwas added a solution of 15 g of 4-benzylestercylohexanone in 100 mL of chloroform. The reaction proceeded at 25 °C for 14 h. The solution was passed through Celite™, extracted with brine and water successively. The solution was dried over magnesium sulfate and the solvent evaporated. Finally, the product was re-crystallized from a solution of ethyl acetate:hexane (1:4) to yield 7 g of white powder, benzylester protected 4-hydroxylcaprolactone (p-CLOH).

50 mg of 1,6-hexandiol, 20 g of D,L lactide (DLL) monomer and 4 g of p-CLOH were dried by azeotropic distillation of toluene. The monomers were heated to 140 °C to add stannous octoate (0.5 mol%) under a blanket of argon. The reaction was left to proceed at 160 °C for 14 h. The resulting polymer poly(DLL-pCLOH) was dissolved in acetone, precipitated in methanol and dried under reduced pressure.

The benzyl protecting group was removed by dissolving 10 g of poly(DLL-pCLOH) in 100 ml of anhydrous ethyl acetate and adding 0.8 g of tin(IV) chloride under a blanket of argon. The reaction proceeded at 25 °C for 90 min. The resulting polymer poly(DLL-CLOH) was precipitated in methanol and dried under reduced pressure.

To 4 g of poly(DLL-CLOH) dissolved in 20 mL of predried dichloromethane, was added 1.5 eq. of dry pyridine and was cooled to –5 °C. A solution of ethylene chlorophosphate (0.5 mg) in 5 mL of dry chloroform was added dropwise and reacted for 2 h at –5 °C. The resultant solution was allowed to reach 25 °C and react for 4 more h. The resulting solution was diluted with 50 mL dichloromethane, and then extracted with distilled water and a 1 M solution of $NaHCO_3$. The organic phase was dried with sodium sulfate and filtered to yield poly(DLL-CLP).

3 g of poly(DLL-CLP) were dissolved in 30 mL of dry acetonitrile and cooled to -10°C. Approximately 300 µL of trimethylamine was condensed into the pressure vessel, which was then slowly heated to 60°C. The solution was stirred for 45 h at this temperature. The resulting polymer, a copolymer of d,l-lactide and caprolactone bearing phosphorylcholine pendant groups (poly(DLL-CLPC)), was precipitated in methanol and dried under reduced pressure.

A first composition was prepared by mixing the following components:

(a) about 2 mass % poly(D,L lactide); was

(b) dissolved in a mixture of acetone and cyclohexanone (75% and 25% respectively).

The first composition was applied onto the surface of a bare 12 mm VISION stent (available from Guidant Corporation) by spraying and dried to form a stent coating. A spray coater was used, having a 0.014 fan nozzle maintained at ambient temperature with a feed pressure of about 0.2 atm (about 3 psi) and an atomization pressure of about 1.3 atm (about 20 psi). About 20 µg of the wet coating was applied per pass. Between the passes, the coating was dried at about 50°C for about 10 seconds. Following the last pass, the coating was baked at about 50°C for about 1 hour, yielding a dry reservoir layer. The dry primer layer contained about 75 µg of poly(D,L lactide).

A second composition was prepared by mixing the following components:

(a) about 2 mass % poly(D,L lactide); and

(b) about 0.7 mass % EVEROLIMUS; and

(c) the balance, a mixture of acetone and cyclohexanone (75% and 25% respectively.

The second composition was applied onto the dry primer layer using the same coating technique and conditions as for making the primer layer, yielding a dry reservoir layer. The dry reservoir layer contained about 200 μg of poly(D,L-lactide) and 100 μg of EVEROLIMUS.

A third composition was prepared by mixing the following components:

(a) about 2 mass % p(DLL-CLPC); and

(b) the balance, a mixture of acetone and cyclohexanone (75% and 25% respectively.

The third composition was applied onto the dry reservoir layer using the same coating technique and conditions as for making the primer layer, yielding a dry topcoat layer. The dry topcoat layer contained about 80 μg of p(DLL-CLPC).

16 stents were coated as described above. 8 stents were sterilized using electron beam sterilization method at a dose of 25 KGy as known to those having ordinary skill in the art, and the other 8 stents were not sterilized.

While particular embodiments of the present invention have been shown and described, it will be obvious to those skilled in the art that changes and modifications can be made without departing from this invention in its broader aspects. Therefore, the appended claims are to encompass within their scope all such changes and modifications as fall within the true spirit and scope of this invention.

CLAIMS

What is claimed is:

1. A biocompatible polymer having a biodegradable or nondegradable polymeric backbone, comprising:

a biodegradable or nondegradable polymer; and

choline or phospholipid moieties.

2. The biocompatible polymer of claim 1 wherein the phospholipid moieties comprise a component selected from the group consisting of phosphoryl choline, phosphoryl serine, phosphoryl inositol, di-phosphoryl glycerol, zwitterionic phosphoryl ethanolamine, and combinations thereof.

3. The biocompatible polymer of claim 1 wherein the nondegradable polymer comprises monomers selected from the group consisting of methylmethacrylate (MMA), ethylmethacrylate (EMA), butylmethacrylate (BMA), 2-ethylhexylmethacrylate, laurylmethacrylate (LMA), hydroxyl ethyl methacrylate (HEMA), PEG acrylate (PEGA), PEG methacrylate, 2-methacryloyloxyethylphosphorylcholine (MPC) and *n*-vinyl pyrrolidone (VP), methacrylic acid (MA), acrylic acid (AA), hydroxypropyl methacrylate (HPMA), hydroxypropylmethacrylamide, 3-trimethylsilylpropyl methacrylate (TMSPMA), and combinations thereof.

4. The biocompatible polymer of claim 1 wherein the biodegradable polymer comprises monomers selected from the group consisting of glycolide, lactide, butyrolactone, caprolactone, hydroxyalkanoate, 3-hydroxybutyrate, 4-hydroxybutyrate, 3-hdyroxyvalerate, 3-hydroxyhexanoate, and combinations thereof.

5. The biocompatible polymer of claim 1 wherein the biodegradable polymer is selected from the group consisting of polyesters, polyhydroxyalkanoates (PHAs), poly(α-hydroxyacids), poly(β-hydroxyacid) such as poly(3-hydroxybutyrate) (PHB); poly(3-hydroxybutyrate-co-valerate) (PHBV), poly(3-hydroxyproprionate) (PHP), poly(3-hydroxyhexanoate) (PHH), or poly(4-hydroxyacids), poly(4-hydroxybutyrate), poly(4-hydroxyvalerate), poly(4-hydroxyhexanoate), poly(hydroxyvalerate, poly(ester amides) that may optionally contain alkyl; amino acid; PEG and/or alcohol groups, polycaprolactone, polylactide, polyglycolide, poly(lactide-co-glycolide), polydioxanone (PDS), polyorthoester, polyanhydride, poly(glycolic acid-co-trimethylene carbonate), polyphosphoester polyphosphoester urethane, poly(amino acids), polycyanoacrylates, poly(trimethylene carbonate), poly(iminocarbonate), poly(tyrosine carbonates), polycarbonates, poly(tyrosine arylates), polyurethanes, copoly(ether-

esters), polyalkylene oxalates, polyphosphazenes, PHA-PEG, and combinations thereof.

6. The biocompatible polymer of claim 1 wherein the nondegradable polymer is selected from the group consisting of ethylene vinyl alcohol copolymer (EVOH), polyurethanes, silicones, polyesters, polyolefins, polyisobutylene and ethylene-alphaolefin copolymers, styrene-isobutylene-styrene triblock copolymers, acrylic polymers and copolymers, vinyl halide polymers and copolymers, polyvinyl chloride, polyvinyl ethers, polyvinyl methyl ether, polyvinylidene halides, polyvinylidene fluoride, polyvinylidene chloride, polyfluoroalkenes, polyperfluoroalkenes, polyacrylonitrile, polyvinyl ketones, polyvinyl aromatics, polystyrene, polyvinyl esters, polyvinyl acetate, copolymers of vinyl monomers with each other and olefins, ethylene-methyl methacrylate copolymers, acrylonitrile-styrene copolymers, ABS resins, and ethylene-vinyl acetate copolymers, polyamides such as Nylon 66 and polycaprolactam, alkyd resins, polyoxymethylenes; polyimides; polyethers, epoxy resins, rayon, rayon-triacetate, and combinations thereof.

7. The biocompatible polymer of claim 1 further comprising a biobeneficial moiety selected from the group consisting of a non-fouling moiety, an anti-thrombogenic moiety, and a combination thereof.

8. The biocompatible polymer of claim 7 wherein the non-fouling moiety is selected from the group consisting of PEG, polyalkene oxides, hydroxyethylmethacrylate (HEMA), poly(n-propylmethacrylamide), sulfonated polystyrene, hyaluronic acid, poly(vinyl alcohol), poly(N-vinyl-2-pyrrolidone), sulfonated dextran, and combinations thereof; and the anti-thrombogenic moiety is selected from the group consisting of heparin, salicylate (aspirin), hirudin, flavonoids, NO donor, thrombomodulin, Atrial natriuretic peptide (ANP), and combinations thereof, and combinations thereof.

9. The biocompatible polymer of claim 8 wherein heparin is attached to the polymer via a PEG spacer.

10. The biocompatible polymer of claim 2 further comprising a biobeneficial moiety selected from the group consisting of a non-fouling moiety, an anti-thrombogenic moiety, and a combination thereof.

11. The biocompatible polymer of claim 10 wherein the non-fouling moiety is selected from the group consisting of PEG, polyalkene oxides, hydroxyethylmethacrylate (HEMA), poly(n-propylmethacrylamide), sulfonated polystyrene, hyaluronic acid, poly(vinyl alcohol), poly(N-vinyl-2-pyrrolidone), sulfonated dextran, and combinations thereof; and the anti-thrombogenic moiety is selected from the group consisting of heparin, salicylate (aspirin), hirudin,

flavonoids, NO donor, thrombomodulin, Atrial natriuretic peptide (ANP), and combinations thereof, and combinations thereof.

12. The biocompatible polymer of claim 11 wherein heparin is attached to the polymer via a PEG spacer.

13. The biocompatible polymer of claim 3 further comprising a biobeneficial moiety selected from the group consisting of a non-fouling moiety, an anti-thrombogenic moiety, and a combination thereof.

14. The biocompatible polymer of claim 13 wherein the non-fouling moiety is selected from the group consisting of PEG, polyalkene oxides, hydroxyethylmethacrylate (HEMA), poly(n-propylmethacrylamide), sulfonated polystyrene, hyaluronic acid, poly(vinyl alcohol), poly(N-vinyl-2-pyrrolidone), sulfonated dextran, and combinations thereof; and the anti-thrombogenic moiety is selected from the group consisting of heparin, salicylate (aspirin), hirudin, flavonoids, NO donor, thrombomodulin, Atrial natriuretic peptide (ANP), and combinations thereof, and combinations thereof.

15. The biocompatible polymer of claim 14 wherein heparin is attached to the polymer via a PEG spacer.

16. The biocompatible polymer of claim 5 further comprising a biobeneficial moiety selected from the group consisting of a non-fouling moiety, an anti-thrombogenic moiety, and a combination thereof.

17. The biocompatible polymer of claim 16 wherein the non-fouling moiety is selected from the group consisting of PEG, polyalkene oxides, hydroxyethylmethacrylate (HEMA), poly(n-propylmethacrylamide), sulfonated polystyrene, hyaluronic acid, poly(vinyl alcohol), poly(N-vinyl-2-pyrrolidone), sulfonated dextran, and combinations thereof; and the anti-thrombogenic moiety is selected from the group consisting of heparin, salicylate (aspirin), hirudin, flavonoids, NO donor, thrombomodulin, Atrial natriuretic peptide (ANP), and combinations thereof, and combinations thereof.

18. The biocompatible polymer of claim 17 wherein heparin is attached to the polymer via a PEG spacer.

19. The biocompatible polymer of claim 1 wherein the polymeric backbone is capable of degrading into components which are pharmacologically active and therapeutic to the process of restenosis or Sub-acute thrombosis.

20. The biocompatible polymer of claim 1 wherein the polymeric backbone is PolyAspirin™.

21. An implanatable device comprising a coating that comprises the biocompatible polymer of claim 1.

22. An implanatable device comprising a coating that comprises the biocompatible polymer of claim 2.

23. An implanatable device comprising a coating that comprises the biocompatible polymer of claim 3.

24. An implanatable device comprising a coating that comprises the biocompatible polymer of claim 4.

25. An implanatable device comprising a coating that comprises the biocompatible polymer of claim 5.

26. An implanatable device comprising a coating that comprises the biocompatible polymer of claim 6.

27. An implanatable device comprising a coating that comprises the biocompatible polymer of claim 7.

28. An implanatable device comprising a coating that comprises the biocompatible polymer of claim 8.

29. An implanatable device comprising a coating that comprises the biocompatible polymer of claim 9.

30. An implanatable device comprising a coating that comprises the biocompatible polymer of claim 10.

31. An implanatable device comprising a coating that comprises the biocompatible polymer of claim 11.

32. An implanatable device comprising a coating that comprises the biocompatible polymer of claim 12.

33. An implanatable device comprising a coating that comprises the biocompatible polymer of claim 13.

34. An implanatable device comprising a coating that comprises the biocompatible polymer of claim 14.

35. An implanatable device comprising a coating that comprises the biocompatible polymer of claim 15.

36. An implanatable device comprising a coating that comprises the biocompatible polymer of claim 16.

37. An implanatable device comprising a coating that comprises the biocompatible polymer of claim 17.

38. An implanatable device comprising a coating that comprises the biocompatible polymer of claim 18.

39. An implanatable device comprising a coating that comprises the biocompatible polymer of claim 19.

40. An implanatable device comprising a coating that comprises the biocompatible polymer of claim 20.

41. The implantable device of claim 21 wherein the coating further comprises a biobeneficial material selected from the group consisting of a non-fouling polymer, an anti-thrombogenic polymer, and a combination thereof.

42. The implantable device of claim 22 wherein the coating further comprises a biobeneficial material selected from the group consisting of a non-fouling polymer, an anti-thrombogenic polymer, and a combination thereof.

43. The implantable device of claim 21 wherein the coating further comprises a bioactive agent.

44. The implantable device of claim 43 wherein the bioactive agent is selected from the group consisting of proteins, peptides, anti-inflammatory agents, antivirals, anticancer drugs, anticoagulant agents, free radical scavengers, steroidal anti-inflammatory agents, antibiotics, nitric oxide donors, super oxide dismutases, super oxide dismutases mimics, cytostatic agents, prodrugs thereof, co-drugs thereof, and a combination thereof.

45. The implantable device of claim 22 wherein the coating further comprising an agent selected from the group consisting of ABT-578, dexamethasone, clobetasol, paclitaxel, estradiol, 4-amino-2,2,6,6-tetramethylpiperidine-1-oxyl (4-amino-TEMPO), 4-hydroxy-2,2,6,6-tetramethylpiperidine-1-oxyl(TEMPOL), tacrolimus, sirolimus, sirolimus derivatives, 40-*O*-(2-hydroxy)ethyl-rapamycin (EVEROLIMUS), 40-*O*-(3-hydroxy)propyl-rapamycin, 40-*O*-[2-(2-hydroxy)ethoxy]ethyl-rapamycin, and 40-*O*-tetrazole-rapamycin, prodrugs thereof, co-drugs thereof, and combinations thereof.

46. The implantable device of claim 23 wherein the coating further comprising an agent selected from the group consisting of ABT-578, dexamethasone, clobetasol, paclitaxel, estradiol, 4-amino-2,2,6,6-tetramethylpiperidine-1-oxyl (4-amino-TEMPO), 4-hydroxy-2,2,6,6-tetramethylpiperidine-1-oxyl(TEMPOL), tacrolimus, sirolimus, sirolimus derivatives, 40-*O*-(2-hydroxy)ethyl-rapamycin (EVEROLIMUS), 40-*O*-(3-hydroxy)propyl-rapamycin, 40-*O*-[2-(2-

hydroxy)ethoxy]ethyl-rapamycin, and 40-*O*-tetrazole-rapamycin, prodrugs thereof, co-drugs thereof, and combinations thereof.

47. The implantable device of claim 24 wherein the coating further comprising an agent selected from the group consisting of ABT-578, dexamethasone, clobetasol, paclitaxel, estradiol, 4-amino-2,2,6,6-tetramethylpiperidine-1-oxyl (4-amino-TEMPO), 4-hydroxy-2,2,6,6-tetramethylpiperidine-1-oxyl(TEMPOL), tacrolimus, sirolimus, sirolimus derivatives, 40-*O*-(2-hydroxy)ethyl-rapamycin (EVEROLIMUS), 40-*O*-(3-hydroxy)propyl-rapamycin, 40-*O*-[2-(2-hydroxy)ethoxy]ethyl-rapamycin, and 40-*O*-tetrazole-rapamycin, prodrugs thereof, co-drugs thereof, and combinations thereof.

48. The implantable device of claim 25 wherein the coating further comprising an agent selected from the group consisting of ABT-578, dexamethasone, clobetasol, paclitaxel, estradiol, 4-amino-2,2,6,6-tetramethylpiperidine-1-oxyl (4-amino-TEMPO), 4-hydroxy-2,2,6,6-tetramethylpiperidine-1-oxyl(TEMPOL), tacrolimus, sirolimus, sirolimus derivatives, 40-*O*-(2-hydroxy)ethyl-rapamycin (EVEROLIMUS), 40-*O*-(3-hydroxy)propyl-rapamycin, 40-*O*-[2-(2-hydroxy)ethoxy]ethyl-rapamycin, and 40-*O*-tetrazole-rapamycin, prodrugs thereof, co-drugs thereof, and combinations thereof.

49. The implantable device of claim 26 wherein the coating further comprising an agent selected from the group consisting of ABT-578, dexamethasone, clobetasol, paclitaxel, estradiol, 4-amino-2,2,6,6-tetramethylpiperidine-1-oxyl (4-amino-TEMPO), 4-hydroxy-2,2,6,6-tetramethylpiperidine-1-oxyl(TEMPOL), tacrolimus, sirolimus, sirolimus derivatives, 40-*O*-(2-hydroxy)ethyl-rapamycin (EVEROLIMUS), 40-*O*-(3-hydroxy)propyl-rapamycin, 40-*O*-[2-(2-hydroxy)ethoxy]ethyl-rapamycin, and 40-*O*-tetrazole-rapamycin, , prodrugs thereof, co-drugs thereof, and combinations thereof.

50. The implantable device of claim 27 wherein the coating further comprising an agent selected from the group consisting of ABT-578, dexamethasone, clobetasol, paclitaxel, estradiol, 4-amino-2,2,6,6-tetramethylpiperidine-1-oxyl (4-amino-TEMPO), 4-hydroxy-2,2,6,6-tetramethylpiperidine-1-oxyl(TEMPOL), tacrolimus, sirolimus, sirolimus derivatives, 40-*O*-(2-hydroxy)ethyl-rapamycin (EVEROLIMUS), 40-*O*-(3-hydroxy)propyl-rapamycin, 40-*O*-[2-(2-hydroxy)ethoxy]ethyl-rapamycin, and 40-*O*-tetrazole-rapamycin, prodrugs thereof, co-drugs thereof, and combinations thereof.

51. The implantable device of claim 28 wherein the coating further comprising an agent selected from the group consisting of ABT-578, dexamethasone, clobetasol, paclitaxel, estradiol, 4-amino-2,2,6,6-tetramethylpiperidine-1-oxyl (4-amino-TEMPO), 4-hydroxy-2,2,6,6-

tetramethylpiperidine-1-oxyl(TEMPOL), tacrolimus, sirolimus, sirolimus derivatives, 40-*O*-(2-hydroxy)ethyl-rapamycin (EVEROLIMUS), 40-*O*-(3-hydroxy)propyl-rapamycin, 40-*O*-[2-(2-hydroxy)ethoxy]ethyl-rapamycin, and 40-*O*-tetrazole-rapamycin, prodrugs thereof, co-drugs thereof, and combinations thereof.

52. The implantable device of claim 29 wherein the coating further comprising an agent selected from the group consisting of ABT-578, dexamethasone, clobetasol, paclitaxel, estradiol, 4-amino-2,2,6,6-tetramethylpiperidine-1-oxyl (4-amino-TEMPO), 4-hydroxy-2,2,6,6-tetramethylpiperidine-1-oxyl(TEMPOL), tacrolimus, sirolimus, sirolimus derivatives, 40-*O*-(2-hydroxy)ethyl-rapamycin (EVEROLIMUS), 40-*O*-(3-hydroxy)propyl-rapamycin, 40-*O*-[2-(2-hydroxy)ethoxy]ethyl-rapamycin, and 40-*O*-tetrazole-rapamycin, prodrugs thereof, co-drugs thereof, and combinations thereof.

53. The implantable device of claim 30 wherein the coating further comprising an agent selected from the group consisting of ABT-578, dexamethasone, clobetasol, paclitaxel, estradiol, 4-amino-2,2,6,6-tetramethylpiperidine-1-oxyl (4-amino-TEMPO), 4-hydroxy-2,2,6,6-tetramethylpiperidine-1-oxyl(TEMPOL), tacrolimus, sirolimus, sirolimus derivatives, 40-*O*-(2-hydroxy)ethyl-rapamycin (EVEROLIMUS), 40-*O*-(3-hydroxy)propyl-rapamycin, 40-*O*-[2-(2-hydroxy)ethoxy]ethyl-rapamycin, and 40-*O*-tetrazole-rapamycin, prodrugs thereof, co-drugs thereof, and combinations thereof.

54. The implantable device of claim 31 wherein the coating further comprising an agent selected from the group consisting of ABT-578, dexamethasone, clobetasol, paclitaxel, estradiol, 4-amino-2,2,6,6-tetramethylpiperidine-1-oxyl (4-amino-TEMPO), 4-hydroxy-2,2,6,6-tetramethylpiperidine-1-oxyl(TEMPOL), tacrolimus, sirolimus, sirolimus derivatives, 40-*O*-(2-hydroxy)ethyl-rapamycin (EVEROLIMUS), 40-*O*-(3-hydroxy)propyl-rapamycin, 40-*O*-[2-(2-hydroxy)ethoxy]ethyl-rapamycin, and 40-*O*-tetrazole-rapamycin, prodrugs thereof, co-drugs thereof, and combinations thereof.

55. The implantable device of claim 32 wherein the coating further comprising an agent selected from the group consisting of ABT-578, dexamethasone, clobetasol, paclitaxel, estradiol, 4-amino-2,2,6,6-tetramethylpiperidine-1-oxyl (4-amino-TEMPO), 4-hydroxy-2,2,6,6-tetramethylpiperidine-1-oxyl(TEMPOL), tacrolimus, sirolimus, sirolimus derivatives, 40-*O*-(2-hydroxy)ethyl-rapamycin (EVEROLIMUS), 40-*O*-(3-hydroxy)propyl-rapamycin, 40-*O*-[2-(2-hydroxy)ethoxy]ethyl-rapamycin, and 40-*O*-tetrazole-rapamycin, prodrugs thereof, co-drugs thereof, and combinations thereof.

56. The implantable device of claim 33 wherein the coating further comprising an

agent selected from the group consisting of ABT-578, dexamethasone, clobetasol, paclitaxel, estradiol, 4-amino-2,2,6,6-tetramethylpiperidine-1-oxyl (4-amino-TEMPO), 4-hydroxy-2,2,6,6-tetramethylpiperidine-1-oxyl(TEMPOL), tacrolimus, sirolimus, sirolimus derivatives, 40-*O*-(2-hydroxy)ethyl-rapamycin (EVEROLIMUS), 40-*O*-(3-hydroxy)propyl-rapamycin, 40-*O*-[2-(2-hydroxy)ethoxy]ethyl-rapamycin, and 40-*O*-tetrazole-rapamycin, prodrugs thereof, co-drugs thereof, and combinations thereof.

57. The implantable device of claim 34 wherein the coating further comprising an agent selected from the group consisting of ABT-578, dexamethasone, clobetasol, paclitaxel, estradiol, 4-amino-2,2,6,6-tetramethylpiperidine-1-oxyl (4-amino-TEMPO), 4-hydroxy-2,2,6,6-tetramethylpiperidine-1-oxyl(TEMPOL), tacrolimus, sirolimus, sirolimus derivatives, 40-*O*-(2-hydroxy)ethyl-rapamycin (EVEROLIMUS), 40-*O*-(3-hydroxy)propyl-rapamycin, 40-*O*-[2-(2-hydroxy)ethoxy]ethyl-rapamycin, and 40-*O*-tetrazole-rapamycin, prodrugs thereof, co-drugs thereof, and combinations thereof.

58. The implantable device of claim 35 wherein the coating further comprising an agent selected from the group consisting of ABT-578, dexamethasone, clobetasol, paclitaxel, estradiol, 4-amino-2,2,6,6-tetramethylpiperidine-1-oxyl (4-amino-TEMPO), 4-hydroxy-2,2,6,6-tetramethylpiperidine-1-oxyl(TEMPOL), tacrolimus, sirolimus, sirolimus derivatives, 40-*O*-(2-hydroxy)ethyl-rapamycin (EVEROLIMUS), 40-*O*-(3-hydroxy)propyl-rapamycin, 40-*O*-[2-(2-hydroxy)ethoxy]ethyl-rapamycin, and 40-*O*-tetrazole-rapamycin, prodrugs thereof, co-drugs thereof, and combinations thereof.

59. The implantable device of claim 36 wherein the coating further comprising an agent selected from the group consisting of ABT-578, dexamethasone, clobetasol, paclitaxel, estradiol, 4-amino-2,2,6,6-tetramethylpiperidine-1-oxyl (4-amino-TEMPO), 4-hydroxy-2,2,6,6-tetramethylpiperidine-1-oxyl(TEMPOL), tacrolimus, sirolimus, sirolimus derivatives, 40-*O*-(2-hydroxy)ethyl-rapamycin (EVEROLIMUS), 40-*O*-(3-hydroxy)propyl-rapamycin, 40-*O*-[2-(2-hydroxy)ethoxy]ethyl-rapamycin, and 40-*O*-tetrazole-rapamycin, prodrugs thereof, co-drugs thereof, and combinations thereof.

60. The implantable device of claim 37 wherein the coating further comprising an agent selected from the group consisting of ABT-578, dexamethasone, clobetasol, paclitaxel, estradiol, 4-amino-2,2,6,6-tetramethylpiperidine-1-oxyl (4-amino-TEMPO), 4-hydroxy-2,2,6,6-tetramethylpiperidine-1-oxyl(TEMPOL), tacrolimus, sirolimus, sirolimus derivatives, 40-*O*-(2-hydroxy)ethyl-rapamycin (EVEROLIMUS), 40-*O*-(3-hydroxy)propyl-rapamycin, 40-*O*-[2-(2-hydroxy)ethoxy]ethyl-rapamycin, and 40-*O*-tetrazole-rapamycin, prodrugs thereof, co-drugs

thereof, and combinations thereof.

61. The implantable device of claim 38 wherein the coating further comprising an agent selected from the group consisting of ABT-578, dexamethasone, clobetasol, paclitaxel, estradiol, 4-amino-2,2,6,6-tetramethylpiperidine-1-oxyl (4-amino-TEMPO), 4-hydroxy-2,2,6,6-tetramethylpiperidine-1-oxyl(TEMPOL), tacrolimus, sirolimus, sirolimus derivatives, 40-*O*-(2-hydroxy)ethyl-rapamycin (EVEROLIMUS), 40-*O*-(3-hydroxy)propyl-rapamycin, 40-*O*-[2-(2-hydroxy)ethoxy]ethyl-rapamycin, and 40-*O*-tetrazole-rapamycin, prodrugs thereof, co-drugs thereof, and combinations thereof.

62. The implantable device of claim 39 wherein the coating further comprising an agent selected from the group consisting of ABT-578, dexamethasone, clobetasol, paclitaxel, estradiol, 4-amino-2,2,6,6-tetramethylpiperidine-1-oxyl (4-amino-TEMPO), 4-hydroxy-2,2,6,6-tetramethylpiperidine-1-oxyl(TEMPOL), tacrolimus, sirolimus, sirolimus derivatives, 40-*O*-(2-hydroxy)ethyl-rapamycin (EVEROLIMUS), 40-*O*-(3-hydroxy)propyl-rapamycin, 40-*O*-[2-(2-hydroxy)ethoxy]ethyl-rapamycin, and 40-*O*-tetrazole-rapamycin, prodrugs thereof, co-drugs thereof, and combinations thereof.

63. The implantable device of claim 40 wherein the coating further comprising an agent selected from the group consisting of ABT-578, dexamethasone, clobetasol, paclitaxel, estradiol, 4-amino-2,2,6,6-tetramethylpiperidine-1-oxyl (4-amino-TEMPO), 4-hydroxy-2,2,6,6-tetramethylpiperidine-1-oxyl(TEMPOL), tacrolimus, sirolimus, sirolimus derivatives, 40-*O*-(2-hydroxy)ethyl-rapamycin (EVEROLIMUS), 40-*O*-(3-hydroxy)propyl-rapamycin, 40-*O*-[2-(2-hydroxy)ethoxy]ethyl-rapamycin, and 40-*O*-tetrazole-rapamycin, prodrugs thereof, co-drugs thereof, and combinations thereof.

64. The implantable device of claim 41 wherein the coating further comprising an agent selected from the group consisting of ABT-578, dexamethasone, clobetasol, paclitaxel, estradiol, 4-amino-2,2,6,6-tetramethylpiperidine-1-oxyl (4-amino-TEMPO), 4-hydroxy-2,2,6,6-tetramethylpiperidine-1-oxyl(TEMPOL), tacrolimus, sirolimus, sirolimus derivatives, 40-*O*-(2-hydroxy)ethyl-rapamycin (EVEROLIMUS), 40-*O*-(3-hydroxy)propyl-rapamycin, 40-*O*-[2-(2-hydroxy)ethoxy]ethyl-rapamycin, and 40-*O*-tetrazole-rapamycin, prodrugs thereof, co-drugs thereof, and combinations thereof.

65. The implantable device of claim 42 wherein the coating further comprising an agent selected from the group consisting of ABT-578, dexamethasone, clobetasol, paclitaxel, estradiol, 4-amino-2,2,6,6-tetramethylpiperidine-1-oxyl (4-amino-TEMPO), 4-hydroxy-2,2,6,6-tetramethylpiperidine-1-oxyl(TEMPOL), tacrolimus, sirolimus, sirolimus derivatives, 40-*O*-(2-

hydroxy)ethyl-rapamycin (EVEROLIMUS), 40-*O*-(3-hydroxy)propyl-rapamycin, 40-*O*-[2-(2-hydroxy)ethoxy]ethyl-rapamycin, and 40-*O*-tetrazole-rapamycin, prodrugs thereof, co-drugs thereof, and combinations thereof.

66. A method of treating a human being by implanting in the human being a stent as defined in claim 21,

wherein the disorder is selected from the group consisting of atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque, chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

67. A method of treating a human being by implanting in the human being a stent as defined in claim 41,

wherein the disorder is selected from the group consisting of atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque, chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

68. A method of treating a human being by implanting in the human being a stent as defined in claim 42,

wherein the disorder is selected from the group consisting of atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque, chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

69. A method of treating a human being by implanting in the human being a stent as defined in claim 43,

wherein the disorder is selected from the group consisting of atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque, chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

70. A method of treating a human being by implanting in the human being a stent as defined in claim 44,

wherein the disorder is selected from the group consisting of atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque, chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

71. A method of treating a human being by implanting in the human being a stent as defined in claim 45,

wherein the disorder is selected from the group consisting of atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque, chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

72. A method of treating a human being by implanting in the human being a stent as defined in claim 46,

wherein the disorder is selected from the group consisting of atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque, chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

73. A method of treating a human being by implanting in the human being a stent as defined in claim 47,

wherein the disorder is selected from the group consisting of atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque, chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

74. A method of treating a human being by implanting in the human being a stent as defined in claim 48,

wherein the disorder is selected from the group consisting of atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque, chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

75. A method of treating a human being by implanting in the human being a stent as defined in claim 49,

wherein the disorder is selected from the group consisting of atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque, chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

76. A method of treating a human being by implanting in the human being a stent as defined in claim 50,

wherein the disorder is selected from the group consisting of atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque, chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

77. A method of treating a human being by implanting in the human being a stent as defined in claim 51,

wherein the disorder is selected from the group consisting of atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque, chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

78. A method of treating a human being by implanting in the human being a stent as defined in claim 52,

wherein the disorder is selected from the group consisting of atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque, chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

79. A method of treating a human being by implanting in the human being a stent as defined in claim 53,

wherein the disorder is selected from the group consisting of atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque, chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

80. A method of treating a human being by implanting in the human being a stent as defined in claim 54,

wherein the disorder is selected from the group consisting of atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque, chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

81. A method of treating a human being by implanting in the human being a stent as defined in claim 55,

wherein the disorder is selected from the group consisting of atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque,

chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

82. A method of treating a human being by implanting in the human being a stent as defined in claim 56,

wherein the disorder is selected from the group consisting of atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque, chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

83. A method of treating a human being by implanting in the human being a stent as defined in claim 57,

wherein the disorder is selected from the group consisting of atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque, chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

84. A method of treating a human being by implanting in the human being a stent as defined in claim 58,

wherein the disorder is selected from the group consisting of atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque, chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

85. A method of treating a human being by implanting in the human being a stent as defined in claim 59,

wherein the disorder is selected from the group consisting of atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque, chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

86. A method of treating a human being by implanting in the human being a stent as defined in claim 60,

wherein the disorder is selected from the group consisting of atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque, chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

87. A method of treating a human being by implanting in the human being a stent as defined in claim 61,

wherein the disorder is selected from the group consisting of atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque, chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

88. A method of treating a human being by implanting in the human being a stent as defined in claim 62,

wherein the disorder is selected from the group consisting of atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque, chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

89. A method of treating a human being by implanting in the human being a stent as defined in claim 63,

wherein the disorder is selected from the group consisting of atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque, chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

90. A method of treating a human being by implanting in the human being a stent as defined in claim 64,

wherein the disorder is selected from the group consisting of atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque, chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

91. A method of treating a human being by implanting in the human being a stent as defined in claim 65,

wherein the disorder is selected from the group consisting of atherosclerosis, thrombosis, restenosis, hemorrhage, vascular dissection or perforation, vascular aneurysm, vulnerable plaque, chronic total occlusion, claudication, anastomotic proliferation for vein and artificial grafts, bile duct obstruction, ureter obstruction, tumor obstruction, and combinations thereof.

92. A method of preparing a phosphoryl choline (PC) containing polymer or copolymer, comprising:

forming a monomer or commoner comprising at least one PC moiety; and

polymerizing the monomer or commoner comprising at least one PC moiety to form the PC containing polymer or copolymer.

93. A coating composition comprising the polymer of claim 1.

94. A coating composition comprising the polymer of claim 2.

95. A coating composition comprising the polymer of claim 3.

96. A coating composition comprising the polymer of claim 4.

97. A coating composition comprising the polymer of claim 5.

98. A coating composition comprising the polymer of claim 6.

99. A coating composition comprising the polymer of claim 7.

INTERNATIONAL SEARCH REPORT

National Application No
PCT/US2005/008844

A. CLASSIFICATION OF SUBJECT MATTER
IPC 7 A61L31/10 A61L27/34 C08G63/91

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)
IPC 7 C08G C08F C07F A61L

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practical, search terms used)
EPO-Internal, WPI Data, PAJ, CHEM ABS Data, COMPENDEX, BIOSIS, EMBASE, INSPEC

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category °	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	WO 2004/021976 A (HILBORN, JOENS; NEDERBERG, FREDRIK; BOWDEN, TIM) 18 March 2004 (2004-03-18) page 7, line 25 - page 8, line 7 examples claims	1-99
X	WO 02/40558 A (BIOCOMPATIBLES LIMITED) 23 May 2002 (2002-05-23) page 4, line 24 - page 7, line 5 page 23, line 18 - line 27 example 5 claims	1-99
X	WO 01/78800 A (EMORY UNIVERSITY; CHAIKOF, ELLIOT, L; FENG, JUNE; ORBAN, JANINE, M; LI) 25 October 2001 (2001-10-25) claims	1-99

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[X] Further documents are listed in the continuation of box C.

[X] Patent family members are listed in annex

° Special categories of cited documents :

'A' document defining the general state of the art which is not considered to be of particular relevance

'E' earlier document but published on or after the international filing date

'L' document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)

'O' document referring to an oral disclosure, use, exhibition or other means

'P' document published prior to the international filing date but later than the priority date claimed

'T' later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention

'X' document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone

'Y' document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art.

'&' document member of the same patent family

Date of the actual completion of the international search	Date of mailing of the international search report
1 September 2005	13/09/2005

Name and mailing address of the ISA	Authorized officer
European Patent Office, P.B. 5818 Patentlaan 2 NL - 2280 HV Rijswijk Tel (+31-70) 340-2040, Tx 31 651 epo nl, Fax: (+31-70) 340-3016	Thornton, S

Form PCT/ISA/210 (second sheet) (January 2004)

C.(Continuation) DOCUMENTS CONSIDERED TO BE RELEVANT

Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	EP 0 947 205 A (MEDTRONIC INC) 6 October 1999 (1999-10-06) claims	1-99
X	WO 03/022324 A (ABBOTT LABORATORIES) 20 March 2003 (2003-03-20) page 17, line 14 - line 22 example 4 claims	1-99
X	WO 01/52915 A (BIOCOMPATIBLES LIMITED; HUGHES, GERALD, LAURENCE; VICK, TERRENCE, ALBE) 26 July 2001 (2001-07-26) page 8, line 5 - line 31 examples 1,4 claims	1-99
X	US 6 270 788 B1 (KOULIK EDOUARD ET AL) 7 August 2001 (2001-08-07) tables 1,2 examples claims	1-99
X	HILBORN J ET AL: "Biodegradable Phosphatidylcholine Functional Poly(epsilon-Caprolactone)" POLYMERIC MATERIALS SCIENCE AND ENGINEERING, WASHINGTON, DC, US, vol. 88, 2003, pages 109-110, XP002974390 ISSN: 0743-0515 the whole document	1-99
X	BERROCOL M J ET AL: "IMPROVING THE BLOOD COMPATIBILITY OF ION-SELECTIVE ELECTRODES BY EMPLOYING POLY(MPC-CO-BMA), A COPOLYMER CONTAINING PHOSPHORYLCHOLINE, AS A MEMBRANE COATING" ANALYTICAL CHEMISTRY, AMERICAN CHEMICAL SOCIETY. COLUMBUS, US, vol. 74, no. 15, 1 August 2002 (2002-08-01), pages 3644-3648, XP001132445 ISSN: 0003-2700 the whole document	1-99
A	LI Y-J ET AL: "Synthesis and Hemocompatibility Evaluation of Novel Segmented Polyurethanes with Phosphatidylcholine Polar Headgroups" 1988, CHEMISTRY OF MATERIALS, AMERICAN CHEMICAL SOCIETY, WASHINGTON, US, PAGE(S) 1596-1603 , XP002974392 ISSN: 0897-4756 the whole document	1-99

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INTERNATIONAL SEARCH REPORT

International Application No
PCT/US2005/008844

C.(Continuation) DOCUMENTS CONSIDERED TO BE RELEVANT

Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No
A	ISHIHARA K ET AL: "MOLECULAR DESIGN AND PREPARATION OF BIOINSPIRED PHOSPHOLIPID POLYMER AS NOVEL BIOMATERIALS" POLYMER PREPRINTS. JAPAN (ENGLISH EDITION), SOCIETY OF POLYMER SCIENCE, JP, vol. 42, no. 2, 2001, pages 117-118, XP002974393 the whole document	1-99
E	US 2005/169957 A1 (HOSSAINY SYED F) 4 August 2005 (2005-08-04) example 4 claims	1-99

Form PCT/ISA/210 (continuation of second sheet) (January 2004)

INTERNATIONAL SEARCH REPORT

International application No.
PCT/US2005/008844

Box II Observations where certain claims were found unsearchable (Continuation of item 2 of first sheet)

This International Search Report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:

1. [X] Claims Nos.:
because they relate to subject matter not required to be searched by this Authority, namely:

Although claims 66-92 are directed to a method of treatment of the human/animal body, the search has been carried out and based on the alleged effects of the composition.

2. [X] Claims Nos.:
because they relate to parts of the International Application that do not comply with the prescribed requirements to such an extent that no meaningful International Search can be carried out, specifically:

see FURTHER INFORMATION sheet PCT/ISA/210

3. [ ] Claims Nos.:
because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a).

Box III Observations where unity of invention is lacking (Continuation of item 3 of first sheet)

This International Searching Authority found multiple inventions in this international application, as follows:

1. [ ] As all required additional search fees were timely paid by the applicant, this International Search Report covers all searchable claims.

2. [ ] As all searchable claims could be searched without effort justifying an additional fee, this Authority did not invite payment of any additional fee.

3. [ ] As only some of the required additional search fees were timely paid by the applicant, this International Search Report covers only those claims for which fees were paid, specifically claims Nos.:

4. [ ] No required additional search fees were timely paid by the applicant. Consequently, this International Search Report is restricted to the invention first mentioned in the claims; it is covered by claims Nos.:

Remark on Protest

[ ] The additional search fees were accompanied by the applicant's protest.

[ ] No protest accompanied the payment of additional search fees.

FURTHER INFORMATION CONTINUED FROM PCT/ISA/ 210

Continuation of Box II.1

Although claims 66-92 are directed to a method of treatment of the human/animal body, the search has been carried out and based on the alleged effects of the composition.

Continuation of Box II.1

Rule 39.1(iv) PCT - Method for treatment of the human or animal body by surgery

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Continuation of Box II.2

The initial phase of the search revealed a very large number of documents relevant to the issue of novelty. So many documents were retrieved that it is impossible to determine which parts of the claims may be said to define subject-matter for which protection might legitimately be sought (Article 6 PCT). For these reasons, a meaningful search over the whole breadth of the claims is impossible. Consequently, the search has been restricted to:

An implantable device comprising a coating that comprises a biocompatible polymer wherein the polymer has a biodegradable or nondegradable polymeric backbone, comprising a biodegradable or nondegradable polymer; and choline or phospholipid moieties

The applicant's attention is drawn to the fact that claims relating to inventions in respect of which no international search report has been established need not be the subject of an international preliminary examination (Rule 66.1(e) PCT). The applicant is advised that the EPO policy when acting as an International Preliminary Examining Authority is normally not to carry out a preliminary examination on matter which has not been searched. This is the case irrespective of whether or not the claims are amended following receipt of the search report or during any Chapter II procedure. If the application proceeds into the regional phase before the EPO, the applicant is reminded that a search may be carried out during examination before the EPO (see EPO Guideline C-VI, 8.5), should the problems which led to the Article 17(2) declaration be overcome.

INTERNATIONAL SEARCH REPORT

Information on patent family members

International Application No
PCT/US2005/008844

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